

Present: Marie Spivey, Colleen Gallagher, Michael Williams, Glenn Cassis, Jose Ortiz, Stephanie Paulmeno, Brad Plebani, Dr. Margaret Hynes, Dr. Helen Newton, S. Gafford-Alexander, Marja Hurley (Call in), Cathy Graves (Call in), Stephanie Knutson (Call in), M. Hin-McCormick (Call in), M. Colebut-Jackson (Call in), Ann Ferris (Call in)

Marie Spivey: We had an issue with getting the minutes transcribed, but from this point on we will have them ready for you prior to the next meeting - that meeting by the way is February 18th so please mark your calendars.

We'll begin this morning by asking for a roll call. We'll start around the table and then address anyone who is on the phone and then those members that are sitting apart from the table. So Colleen, would you start?

Colleen Gallagher: Colleen Gallagher with the Connecticut Department of Corrections.

Michael Williams: Michael Williams, Department of Children and Families.

Glenn Cassis: Glenn Cassis, African-American Affairs Commission.

Jose Ortiz: Jose Ortiz, Hispanic Health Council.

Stephanie Paulmeno: Stephanie Paulmeno, public delegate of Larry Cafero, but I'm a Democrat.

Brad Plebani: Brad Plebani, the Connecticut Multicultural Health Partnership.

Dr. Margaret Hynes: Margaret Hynes, Connecticut Department of Public Health

Marie Spivey: Thank you so much. My name is Marie Spivey and I am the current chair of the Connecticut Commission on Health Equity. And I just want to say a couple of words, too, before we get started this morning, if you will allow me as your chair. I'd like to set the stage for this meeting, because I think we need that in order to move along, and as you listen to Dr. Newton when she begins to talk with you, you'll see why I'm doing this.

But all of you hopefully received the third annual report, and I just want to read you quickly my message in that report.

Several times over this past year enormous upheavals on the national front have thrown social inequities into high relief. Climate change continues to wreak havoc and recovery efforts are especially arduous for poorer communities. Debates over immigration reform continue to shine the light on workers without benefits. Our struggling economic recovery has meant too many homes are forgoing health insurance for food. And recent

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Supreme Court decisions have made big changes in rights for voters and minority communities and for the LGBT community. Everywhere it seems inequity is being looked at, debated, and sometimes challenged.

At the same time, passage of the Affordable Care Act has promised to usher in a new era of healthcare access to millions. Here in Connecticut the Access Health Connecticut Network will need to carry the ball for education and enrollment of thousands of families. The Connecticut Commission on Health Equity stands as a ready and willing partner to help government, healthcare providers, and other stakeholders navigate the winding road to better healthcare for more of our state's residents.

The Commission on Health Equity has been engaged in a number of activities with communities and state agencies to increase awareness of the significance of health disparities, their impact on the communities within the state as a whole, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations including women. Among its legislative mandates to evaluate policies, procedures, activities, and resource allocations to eliminate health status disparities among racial, ethnic, and linguistically-challenged populations in the state, there is also the authority to convene the directors and commissioners of all state agencies whose purview is relevant to the elimination of health disparities. Accordingly, the Commission on Health Equity developed a set of health equity policy guidelines to work with state agencies to help identify negative and/or positive health impacts of state agency work on vulnerable populations and communities and assist them in devising strategies to resolve health disparities.

In partnership with the Department of Mental Health and Addiction Services, the Commission on Health Equity engaged the services of the Multicultural Leadership Institute to retain consultants to work with the agencies. The initial report was presented at the Commission's September meeting. We know this is just the first step in this work and we expect to identify resources that will support positive health outcomes with the agencies involved.

In April 2013 the US Department of Health and Human Services launched a newly-enhanced set of national standards for culturally and linguistically appropriate services called the CLAS standards

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in health and healthcare. Accompanying these standards is a blueprint for advancing and sustaining CLAS policy and practice. The Commission will use the blueprint to strategically promote these standards to attain health equity in the state of Connecticut during 2013-2014 and beyond. Our work will emphasize diversity, raise the knowledge in our communities of the determinants which cause health disparities, and focus on strengthening the primary goal: to eliminate longstanding disparities in the health status of people of diverse racial, ethnic, gender differences, and cultural and linguistic backgrounds.

We look forward to working more closely with the Governor, the General Assembly, the state agencies, community-based organizations, and diverse populations throughout the state to achieve the attainment of the highest level of health for all people in the state of Connecticut.

And these aren't just words. I know that with the work that has been accomplished to date and with the work that is going to occur going on into the future, listening to everyone around this table and beyond, we're going to do quite a bit of work this year, mainly because of the partnerships that have been and will be formed.

So I thank you very much and I am going to now turn the meeting over to Dr. Helen Newton, or new health equity director.

Dr. Helen Newton: Good morning, everyone, and once again Happy New Year. I hope everyone is excited as I am about this New Year and about the work in front of us. I'm going to start by really condensing both my remarks with the financial report because I see that Arvind isn't here. So we did have an Extended Executive meeting just on Thursday, so I had a chance to go over that information then. But just from the time perspective I'm going to combine those two areas.

Before I do that, I'd just like to make two announcements which are very important. The next three meetings that we have, which are on February 18th, March 18th, and April 15th, will not be in the legislative office building. That place will be announced and the information will be sent out by e-mail. Those three dates again: February 18th, March 18th, and April 15th.

Second, while I'm thinking about it, I'm asking that any paperwork that comes into the Commission is treated like official business.

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And we're asking for paperwork to come in on letterhead with names, dates, and signatures. I've gone through a ton of information and I noticed that there's no signatures on it, they're not on letterhead, and they're—and we really need anything coming into the Commission to be treated as official Commission business unless "Draft" is on it and we know it's a draft. We want it all coming in as official business.

Stephanie Paulmeno: Could you send us a copy of letterhead? Thank you.

Dr. Helen Newton: Okay. From there, we've had several meetings with OPM at the department. We have had a reallocation of funds into our budget, so our new budget total is \$27,603.10. It took about four to six weeks' worth of work to get that, but we finally did get that. That's our working budget until June. Because of that, I've spent the last four weeks at least working on a grant, which was completed on Friday, which was sent out to Kellogg Foundation, the title of which is "The Implementation of CLAS Standards Across State Agencies." So that is there. Of course there are no guarantees, and I will continue to write and to look for additional grants moving forward until we do receive or hear something positive.

I have put in a request for clerical staff, at least part-time clerical staff to help with the work that will be done on the Board moving forward. And among that I'm also requesting the reinstatement of the legislative analyst position which was lost for the past year. But because we do have possibly some legislation that we're looking to put on the table this year and proposals that need to be reviewed, that position will need to be reinstated. And so we will need to provide a letter back to the state legislature in terms of that position.

In terms of the Board, as you know we've gone through to reconcile the papers. There are presently eight open positions on the Board, which—Marie, I guess you mentioned that already—will be filled. Over the next month or two we'll be looking to do that.

In terms of the request for proposals that was put out in December of this year, it was posted on both the DAS website, the CHE website, and also the Office for Minority Health posted it. We did get one response in writing. I had one or two other people call for clarification and questions. But we did have one response, and that

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response was from Johns Hopkins Bloomberg School of Public Health. They've put in a formal response which I did send out by e-mail to everyone on the list and I hope that you've had a chance to look at it. On Thursday we had a committee meeting. The extended executive committee sat down, went through the proposal, and actually we graded it on preset factors. This gave everyone a chance to look through it, that everyone was in agreement in terms of what services would be provided, and that they were actually capable of providing the services. I did bring an extra copy in case someone did not have a chance to look at it and would like to look at it today. I did bring one. At the end if you'd like to look through at your leisure you're more than welcome to do so.

The result of the tally that was done was a unanimous decision across the board that Johns Hopkins would be capable and would give us the information that we needed. We will move forward in putting together a contract between ourselves and Johns Hopkins over the next couple of weeks. And ideally we would like to be able to do something either as early as the February meeting but as late as the March meeting depending on how everything goes over the next couple of weeks.

And I think that is my report for the time. Thank you.

Marie Spivey: Thank you, Dr. Newton. Any questions of Dr. Newton at this point?

Marja Hurley: This is Marja Hurley on the phone. Could I ask you guys to speak up a little bit? It's hard to hear.

Marie Spivey: Yes, we will, and I'm glad you're there, Marja.

Marja Hurley: Actually there are several of us on the phone.

Marie Spivey: Yes, I know, and I was just about to ask you to name yourselves. So, Marja Hurley—who else is on the line, please?

Stephanie Knutson: Hi, this is Stephanie Knutson. Good morning.

Marie Spivey: Good morning.

M. Hin-McCormick: Good morning, this is Mui Mui Hin-McCormick.

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Cathy Graves: And this is Cathy Graves.

Marie Spivey: Okay, thank you very much. Welcome.

M. Colebut-Jackson: Marjorie Colebut-Jackson, good morning.

Marie Spivey: Marjorie—good morning. Anyone else? Thank you folks for calling in, and I'm glad that you're on the line and I'm glad that you're going to be safe in this weather that's coming up. We'll keep our fingers crossed. And I believe, Ann, you've just joined us. Would you just say your name?

Ann Ferris: Ann Ferris, Center for Public Health and Health Policy.

Marie Spivey: Thank you. Let's move on the agenda, and I've asked Brad Plebani to just say a few words about the bylaws that we will adopt as revisions this morning. I have to say that Brad and Greg Stanton and the others worked on these revisions several months ago and we've not had an opportunity to put them on the agenda and actually vote for them, but we'll do that this morning. And Brad, would you just say a few words about them?

Brad Plebani: Sure. The committee who looked at the bylaws and drafted the revisions that are before you consisted of Greg Stanton, who chaired the committee, Stephanie Paulmeno, Kristin Noelle Hatcher, and I were on the committee. At the last meeting, which I guess was in November really, Greg had asked that everyone review the bylaws and the proposed amendments to the bylaws. And just to sort of recapture as much as I can remember, there were several areas that we tried to concentrate on.

The first one was to make the duties and the opportunities that the Commission has under its bylaws match the statute, because there were some inconsistencies in between them, due in part to revisions of the statute that were never reflected in the Commission's bylaws. The second was to try to assure that there were clear minutes of the meetings and that minutes were distributed to members in a prompt fashion after the meeting was adjourned. The third was to answer a question about whether there actually was established in our bylaws a treasurer position, so we made it clear that in fact there was a treasurer position. And the fourth was to try to make sure the work of each committee is clearly defined. And so there is a provision in the proposed amended bylaws that would have each committee have to draft

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what's referred to in the bylaws as a charter, which really sets out the purpose, what the goals are of the committee, and so on and so forth.

There are some other slight changes including, a requirement that members of the Commission attend at least three meetings in person each year so that—you know, as we discussed it, and I think Stephanie can confirm this, we decided that it certainly made sense for us to see each other and talk to each other at least one quarter of the year as we try to do this work together. So that's another provision as well.

I'm happy to try to answer any questions that anyone might have based on your review.

Stephanie Paulmeno: In regard to the treasurer position, I believe it also noted that the treasurer would now be the chairperson of the finance committee. And in regard to the three meetings a year, we did indeed feel that it was important to have a face to face for networking and that kind of contact. Being a person who lives all the way at the other end of the state, I do have a tendency sometimes to curl in, but it certainly is not the same feel that you have when you're sitting here with your colleagues.

Marie Spivey: Any other comments, Brad?

Brad Plebani: No. If anybody has any questions, I or Stephanie will try to answer them. Greg obviously isn't here today.

Marie Spivey: All right. And so in the form of a motion?

Brad Plebani: I would move that the amended bylaws as proposed be adopted by the Commission.

Marie Spivey: Thank you. Is there a second? All in favor please say aye? Opposed? Abstentions?

Dr. Margaret Hynes: And I apologize because I actually have not thoroughly reviewed the bylaws, so that's the reason for my abstention, but I will and I'm happy to discuss it at some other time.

Marie Spivey: Okay, the abstention was Margaret Hynes. All right, thank you, everybody. We have adopted the bylaws with their revisions.

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Let's go on now to Cathy Graves. You are on the phone. Cathy is our current secretary of the Commission and chaired the nominating committee for our new slate of officers.

Jose Ortiz: Could we get copies of the bylaws with the revisions?

Marie Spivey: We will send them out again with the revisions. They've been sent out a couple of times, but now that we have voted on them absolutely, we'll send the new ones out. Thank you. Cathy?

Cathy Graves: Hi. In accordance with our bylaws we have to present a slate at the January meeting, and I am going to present a proposed slate with one exception to you this morning. Marie has graciously agreed to continue to serve her one last term, which will take her into her third year, in accordance with our bylaws that is allowed. So Marie will be running as chair, Glenn Cassis vice-chair, Sylvia Gafford-Alexander secretary, and I am going to take nominations from the floor for treasurer.

Marie Spivey: Thank you, Cathy. I believe and I thought that you had accepted the nomination for treasurer, is that correct?

Cathy Graves: I can't nominate myself because I'm on the nominations committee.

Marie Spivey: Would someone who is not on the slate today please nominate Cathy Graves?

Ann Ferris: _____ nominated Cathy Graves _____.

Marie Spivey: Ann Ferris has nominated you, Cathy Graves, for treasurer. Thank you for accepting. Are there other nominations from the floor? Let me see. Stephanie, do you want to conduct this?

Stephanie Paulmeno: I'm here.

Cathy Graves: Since you're there will you take over?

Stephanie Paulmeno: Sure, okay. The committee members were Colleen Gallagher, who's sitting here with me today, and Cathy Graves, and I've forgotten the other name.

Cathy Graves: Janice.

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Stephanie Paulmeno: Janice, yes. So I did want to say before we actually go into the vote, it was extremely difficult this time around. And I've sat on the nominations committee before, but we didn't always get responses back to the inquiries we put out. So for future elections I would like to ask that when nomination requests come out that people, if you can at all do that, get back to us quickly with either the yes or the no, because by bylaws we are supposed to have gotten a draft of the proposed committee out to you by December, the end of December, and we were unable to do this because we didn't have responses back. So our apologies to you on that regard, but we have our committee slate now, so I think we should move forward into the election or the voting process.

How are we doing this? Are we doing this by a handout? Okay. So for our nomination for our chairperson we have our current chair, Marie Spivey, all in favor? Okay. Any opposed? Any abstentions? We have a unanimous vote. Thank you, Marie.

For our vice-chair we have Glenn Cassis. All in favor? Any opposed? Any abstentions? All approved? Unanimously approved. Thank you, Glenn.

Okay, for our secretary position we have Sylvia who just arrived, okay. All in favor? Any opposed? Any abstentions? Sylvia is unanimously approved. Thank you.

And for our treasurer we have Cathy Graves. All in favor? Any opposed? Any abstentions? Unanimously approved.

And by the way, I should say, Sylvia Gafford-Alexander. Thank you. Thank you, everybody. So we have a new slate of officers and we can give them a round of applause. Thank you kindly.

Marie Spivey: Thank you very much to the nominating committee. I know it was difficult this time. Something happened I think with e-mails, because we were trying to find each other's—I don't know whether we had incorrect e-mails or whatever, but whatever it was, I know you worked very hard and I really thank you very much. And yes, I thank all of you for reelecting me without any opposition, and I want you to know that I am truly am committed to this Commission on Health Equity. I'm very excited, mainly because Dr. Newton is here with us, and we have a vision that has come out of the retreat and the thoughts and the discussions with everyone on the Commission about the direction in which we will

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go this year. So I will humbly be with you every step of the way and I want to thank you very much for reelecting me for this third term.

Do any of the other officers—would you like to say anything?

S. Gafford-Alexander: I actually want to apologize. The parking is horrific and it's very cold outside, so I do want to apologize. But I also want to thank the people who voted for me and the people who nominated me and felt that it was something that I can do. And I do feel passionately about eliminating health disparities.

Marie Spivey: Thank you, Sylvia.

Glenn Cassis: I'd like to echo the same thing. I'm thankful that folks have the confidence in electing me to this position. I will do whatever I can to support the Commission, the executive director, and certainly our chair. With my moving to this position I will have to find someone to chair the public voice committee, and I'd like to hear some suggestions from other commissions who might be able to aid in that process. Thank you.

Marie Spivey: Thank you.

Cathy Graves: I know I have a challenging job ahead of me, and once I get a handle on government accounting I will be reporting out to you.

Marie Spivey: Thank you, Cathy.

Stephanie Paulmeno: I've been on the public voice committee since the inception of the Commission and I'd be happy to help in any way that I can. Okay.

Marie Spivey: That sounds like a chair position to me.

Stephanie Paulmeno: I would be willing to do that. This is Stephanie Paulmeno.

Marie Spivey: Thank you very much, Stephanie. And thank everyone who has volunteered to continue their positions or take on new responsibilities. And I think we will also certainly vow to be helpful to each other. No one should take on the burden or all of the work of any one committee or any particular task that we have, so we will just move forward because again it is an exciting year and we want to get you out of here before the snow comes down.

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So I will now turn the meeting—well, let's have any of the reports that we have from any of the committees. I don't know which committees have met since the last time. Dr. Newton, if you know of any please chime in for me

Dr. Helen Newton: Well, we did have some discussions in terms of the legislative committee, and one of the things that we have talked about with the African-American Affairs Commission is forming a virtual legislative committee so that the legislative analysts from each of the corresponding organizations can actually have a representative that sits on this virtual committee, and that we can work together and work in partnership and alliance as things come across the legislature.

So we have taken some initial steps with that, and I don't know if you would like to mention anything, or—if not, it's okay.

Subira Gordon: Hi, everyone, Subira Gordon from the African-American Affairs Commission, and Dr. Newton and I had a discussion about collaborating on the legislative effort. Since the Commission does not have a legislative analyst position, I think if we work collaboratively with the other commissions and others who are interested in helping out with the legislative process. We really want to be mindful of all legislation that comes through that has an impact on health equity, so I think that will be our charge. If anyone is interested or has some time and would like to help us out, just let me know. It should be—I think the work will align with the work that I do at the African-American Affairs Commission so it shouldn't be too hard, but any help would be greatly appreciated. Thanks.

Marie Spivey: I can say from the Connecticut Hospital Association, Karen Buckley-Bates, who is director of government relations, will also be helpful to this Commission as well.

Dr. Helen Newton: And we also have another person on the committee from the Asian and Pacific-American Affairs who will be sitting on that also. So it's just beginning but it will widen, and we are possibly looking at putting forth something this year, so that's our start for the year.

Marie Spivey: Data committee, any reports? No? Resource development, Sylvia, do you and/or Glenn want to say anything about resource development or public voice?

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Glenn Cassis:

Well, public voice, I handed out a report—while you were speaking it went around. I think the other commissioners have it. There is a typo in it, at least one I found, the fourth paragraph. It says, “As it stands the video project will be a series”—shouldn’t say “would,” it should say “will.” Basically the committee met in December. We were planning the reception for our executive director. I handed out the press release which Christine Palm helped write and disseminate. The program, which you have, kind of gives the detail of what happened. There is a YouTube link that you can actually view the entire reception. That’s available on that link that on there, in the report.

The committee during that meeting also discussed some of their priorities for 2014, which include assisted messaging of CLAS standards. We’re going to look at scheduling three to four forums around the state similar to what we’ve done in the past, and the sponsorship of the Sabbath Week in April of 2014.

One of the other projects that the committee was looking at doing, as I had mentioned before, was a short video put out by the Commission to alert and inform the general public and others about the work of the Commission. This was going to be a short video which would be a series of interviews of various commissioners and others, but primarily commissioners to really state what the mission of the Commission is and what we’re doing and why it’s important. Small clips that we’ve put together—we’re working out some of the details, but we would ask that commissioners, if they would be amenable to be a part of this, that we will get back in touch with you to do it. It’s nothing that’s going to be controversial. Basically it’s a messaging opportunity for the Commission. We’ve got a couple of producers in mind. We’ve had some good success with some that we’ve worked with in the past. And we would like to make that a priority so at least we get this out so folks know what it is.

And the idea of dissemination—we’re talking about disseminating through the local access television stations which are generally in every community throughout the state and are always interested in getting work that’s already produced so all they have to do is put it into the machine and broadcast.

The members of the committee I have listed below, and we’re interested in also getting more folks on. And Stephanie, we’ll talk more about handing over the reins. Any questions?

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Marie Spivey: Thank you very much, Glenn. I also want to say, as we identify individuals to take over these committees, some of the other committees, that we will expect a written report each month for the record and also for the website, which Dr. Newton is working on with some assistance. So from this point on, all of the committee chairs are expected to submit those reports in writing. Thank you.

Dr. Helen Newton: I just would like to take this opportunity again to thank all of the commissioners on this board and the African-American Commission for taking the time out for planning the welcome reception on December 19th for me. It was absolutely beautiful. It was wonderful. It was heartwarming and I felt welcome, so once again I say thank you, thank you, thank you. I do appreciate that you took out the time and the effort to do that.

Marie Spivey: Communication?

Dr. Helen Newton: Yes, I'm going to speak on behalf of the communications committee since I had a chance to meet with Christine on Thursday, and so we did have a chance to talk in depth. First off, as you know the new web page—there is a new web page that we will be introducing, and Christine has worked on it; I've worked on it some. We've had a graphic designer from DAS who helped us with the graphics. And so we're working out some details; however we will need the support of all of the committee chairs in terms of giving us information. And the information we do want in writing, but we also want it sent by e-mail. So you can bring something written, but I will need it by e-mail so that it can be easily placed on the web page. But we will be giving the committee chairs also access to their own page so that they can add information and also take care of their own page.

The other thing we talked about was a Facebook page for the Commission, which we have an intern who did start about a week or two ago. And so Christine is going to work with the intern. Her name is Cherese Douglas. She's from Capital Community College, and she comes in as a volunteer for the entire semester. So she will work on our Facebook page with Christine and we're looking forward to great things.

Christine did talk I believe about putting out a newsletter that she wants to restart, so she will talk about that more when she's actually here.

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Marie Spivey: Thank you. And in terms of the intern, this is wonderful that this intern from Capital Community College has begun working a bit with Dr. Newton. However, any of the departments that can offer any kind of assistance to Dr. Newton would certainly be welcomed. Mainly the transcriptions of reports or transcriptions of these meetings—it just takes a couple of hours each month to do that, and so we’re asking, as we our partners, as via our legislative mandate, we will work in partnership. So anyone who has any time for any staff members that can contribute some time to the Commission in helping do some of this administrative work would certainly be helpful. Brad?

Brad Plebani: I would just like some clarification about the status of the policy committee, because our chair is on sabbatical. We haven’t had a meeting in many, many, many months. And we were primarily engaged in working on having the state agencies adopt health equity plans, which I’m gathering is now going to be looped into or connected in some way to the CLAS standard initiative that’s being proposed. So do we have an interim chair? No.

Marie Spivey: Be careful what you ask for.

Brad Plebani: But I mean, we really—we haven’t met and we really do need to meet.

Marie Spivey: No, that’s true, and you’re absolutely right. And I will either appoint one or I would like for someone to volunteer to do that, because Cathy Medina, as you know, is now on sabbatical and a visiting professor in Vietnam, and that’s been the main reason. Now there are other members on that committee such as you, Brad, and Marjorie Colebut-Jackson, Colleen Gallagher, and so I would like for—because you’ve been so involved, I would like for one of you to volunteer. It would be great and we will work with you.

Brad Plebani: Okay, well, I will agree to send an e-mail out to my fellow policy committee members to inquire as to whether anyone’s interested in doing that.

Marie Spivey: And you can co-chair. If a couple of you want to co-chair, that’s fine. But you’re absolutely right. We do need a chair for this committee because this work is going to continue

Brad Plebani: And when will Cathy be back, do we know?

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Marie Spivey: Two years, I believe. Is she gone for two years, or—is it only six months? Okay, maybe six months.

Brad Plebani: All right, then she should be back relatively soon anyway, right? March, April—

Marie Spivey: No, Cathy was representing the Hispanic Health Council—

Brad Plebani: Oh, okay, so now you're representing it.

Marie Spivey: And now we have Jose Ortiz, the CEO and president back.

Brad Plebani: Well, welcome to the policy committee.

Marie Spivey: Absolutely. But I especially want to say thank you very much for coming back, Jose. You were sorely missed, and I'm so grateful for you. Jose has been very busy on the Council and he'll tell you more about that offline. Thanks for coming back. And so if you would from the three of you decide if you want to co-chair or somebody wants to chair, just let me know, let Dr. Newton know, and we'll move on from there. And we'll help you. Thank you so much.

Youth committee—have you been on the youth committee, Glenn?

Glenn Cassis: I have been on the youth committee. I was unable to make the last meeting. There's a meeting that's coming up. We're settling on a date for that meeting. I just don't have it. I know that there is a survey that's being administered now on issues surrounding youth, but that's all I can say right now.

Marie Spivey: Thank you. And if you would carry the message back to Kristin Noelle Hatcher who is chairing that committee, I believe, a written report is really critical, and we want to be sure—as Brad mentioned, with our vote on the bylaws, on the revised bylaws, we do want to say that as a charter we want to know what the goals and objectives are, and purpose. So we want to be sure that they are tied into the work that was agreed to by the entire Commission. So thank you.

Dr. Helen Newton: Well, we are very happy this morning to be able to introduce Dr. Margaret Hynes, who's also a sitting commissioner on this Commission, and her topic today is "Promoting Health Equity in

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Connecticut through the CLAS Standards.” And so without any further ado, Dr. Hynes—or should I say Commissioner Hynes?

Dr. Margaret Hynes: Call me Margaret. Thank you, Dr. Newton, and thank you for this opportunity to talk about the CLAS standards project, which actually is a joint project of the Connecticut Department of Public Health and the Connecticut Multicultural Health Partnership. And so I have a co-presenter here with me today, Brad Plebani. And also Stacey Brown who’s not here today, who’s the chair of the Connecticut Multicultural Health Partnership this year is also a lead on this project.

I’m just going to pass around some handouts having to do with the CLAS standards. Essentially the CLAS standards are national guidelines that inform and facilitate individual and institutional practices related to culturally and linguistically appropriate services. They’re intended to advance the principles of health equity, improve quality of care, and help eliminate healthcare disparities.

Okay, just a little background: In August of 2012 a DPH staff working group revised our agency’s mission statement, seen here, to include explicit mention of health equity. This wording was based on the 2008 Public Act number 8171 that established the Commission on Health Equity. So in case there’s any doubt, we are very much in alignment as state agencies. Championing health equity is one of six goals of the Department of Public Health’s strategic plan, and it is also one of four top priorities of Commissioner Jewel Mullen’s.

A little background on our project: This is a two-year project which began September 1st of 2013. It’s funded through the US Department of Health and Human Services, Office of Minority Health’s state partnership grant to improve minority health. It’s structured as a cooperative agreement between US DHHS and the Connecticut Department of Public Health.

Okay, a little background on the project: The Connecticut Multicultural Health Partnership has been awarded a subcontract as part of this cooperative agreement through the Department of Public Health. And the partnership is a leading partner of DPH in its efforts to address health disparities in the state. The focus of this project is to promote and implement CLAS standards in

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selected health and social service agencies settings throughout the state.

So I will talk a little bit about the DPH project focus, and then I'll turn it over to Brad, who will talk about the focus for the Connecticut Multicultural Partnership.

The DPH project focus is to implement CLAS standards within DPH and to support similar efforts across key state agency partners. So we look very much forward to working with the Commission to accomplish this big task. We will also be working with DPH to promote and implement CLAS standards through all of our subcontractors, which include WIC vendors throughout the state, Community Transformation Grant counties, which is five out of the eight counties in Connecticut, the Tobacco Prevention and Control partners, and other subcontractors in our state such as the Cancer Prevention Partnership Task Force, which is actually being supported through separate funds that are coming through the US Preventive Health and Health Services Task Force Preventive Block Grant. And actually we have additional money to support specific training for our cancer prevention staff in CLAS standards.

Some of our strategies in implementing these CLAS standards are to—actually we have a 0.2 FTE, who is our agency's CLAS standards coordinator, and that's Dr. Alison Stratton who's here with us today. Alison is an anthropologist by training and she is also the DPH refugee health services coordinator in the TB unit at DPH. So part of her salary is being picked up to support CLAS standards within DPH and within our partnering agencies and our subcontractors. We're currently conducting a baseline assessment of our agency efforts, and Alison has been key in that, in terms of to what extent are we promoting and implementing our CLAS standards. And as part of this assessment, which is undergoing—it'll be completed sometime later this spring—we will identify possible barriers to implementation within our agency and then also within our subcontractors.

We'll also be reviewing and updating DPH contract language if needed. Right now all of our DPH contracts have language related to provision of culturally and linguistically appropriate services. However, we have some questions as to what extent is that being implemented or monitored. So that's part of what we'll be doing in terms of our assessment. And I'd also like to mention that a month or so ago our commissioner, Jewel Mullen, actually sent out

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an e-mail to all DPH staff announcing the promotion and implementation of CLAS standards within our agency. So that support of leadership in our agency has been very, very important in terms of getting this project off the ground.

Okay, and then we are also going to be conducting basic training for our staff at DPH and with our vendors, using a variety of formats that are listed here. We'll also work with our DPH data collection committee—this is a standing staff committee—to make sure that primary language is included as a data element in selected databases as appropriate.

So those are some of our strategies at DPH, and I'm going to turn it over to Brad now to talk about the work of the Connecticut Multicultural Partnership to promote CLAS standards.

Brad Plebani:

Thank you, Margaret. So the Connecticut Multicultural Health Partnership is an independent organization of roughly 400 members. And in fact there are a number of people on the partnership's executive committee who also sit on this Commission, so we have a natural bond, shall we say. The purpose and goal, mission of the partnership is to address health disparities and eliminate health disparities in Connecticut, and there is a focus historically on the CLAS standards. And we are funded in part by the Connecticut Department of Public Health; we have other funding as well. I'm the representative of the partnership on this Commission. The chair is Stacey Brown who unfortunately is out of town at a conference this week and could not be here, much as she would've liked to.

In terms of this project, the requirements of the Office of Minority Health were to identify various organizations and increase the adoption of the CLAS standards by those organizations ten percent each year during the course of the contract. Of course in order to know whether you've increased it by ten percent, you need to know whether or not anybody's doing it. So the first objective is to do a baseline survey to determine who among the organizations that we have identified are in fact—have in fact adopted and are implementing the CLAS standard and who is not. And we feel pretty certain the vast majority will not have. I think that's pretty clear.

I should mention parenthetically that the partnership also has prepared an analysis of the CLAS standards which should be

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available on the partnership's website I hope this week, maybe next week, which is at www.CTMHP.org. And we also have it in hard copy, glossy format form, which maybe we'll be able to bring to the next meeting and distribute to members if you'd like that. And one other thing is the partnership also—with respect to the strategy innovations model that the state of Connecticut has proposed, the partnership also submitting comments with respect to them, with a specific focus on health equity issues, which is on the partnership's website. And you may be interested in reading that as well.

But back to the CLAS standards. So in this project the partnership along with DPH identified four areas, four organizational areas to which we would like to take the CLAS standards and improve adoption, and those are home health agencies, and the reason for that is that the state of Connecticut, as many of you may know, has a strategic rebalancing plan designed to take people out of nursing homes and put them into the community, which means that home health agencies will be providing far more care—already are, but will be increasingly providing more care to many populations that have experienced health disparities. And so the idea was since they are now going to be involved in providing care to a greater population, let's get them on board as much as we can with implementing culturally and linguistically appropriate services.

The second is—and we talked about this obviously with the Department of Mental Health and Addiction Services before we made the proposal—is to work with DMHAS and various facilities at DMHAS to have them incorporate the CLAS standards. And of course this will have some impact on what the Commission is proposing to do as DMHAS is a state agency and the Commission is proposing to have this be part of—have the Commission's project deal with state agencies as well.

The third is health professional school, and so it's not just medical schools and nursing schools, but allied professional health schools. And the idea here, as you'll understand, is why wait to have medical professionals understand what the CLAS standards are? Let's see if we can't in some way get the ideas and the principles of the CLAS standards incorporated into curriculum when people are studying to be health professionals.

And the last is to go directly to people who experience health disparities and specifically address those populations who have

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limited English proficiency. And the rationale for that of course is that this is the one enforceable area of the CLAS standards. So it's a place where you can not only tell people what their rights are, but you can get people to understand that they have a right to enforce those rights to appropriate language services.

So as I said—next slide—there's a lot of details, many details that I'm leaving out obviously. I'm just trying to give an overview. But among the things that we will do is to have onsite workshops for various organizations, but also we're developing a web-based course and other electronic resources that will be accessible through the partnership's website, in addition to, as I mentioned, the baseline assessment. And also we're establishing a what we call We've Got CLAS campaign, which will be designed to actually award and publicize those organizations who have adopted the CLAS standards in terms of creating an incentive for them to do so. And we're calling these people CLAS Champions, people who are championing the CLAS standards. So that will be part of our public awareness campaign and the awards that will be given for those who have adopted and begin implementing the CLAS standards.

And some people may know this; some people may not. But, you know, the enhanced CLAS standards are really designed to be implemented in their entirety. No longer is it advised to pick and choose various standards, but rather to have the CLAS standards be adopted in its whole cloth so that an organization or a curriculum or whatever it might be is completely infused with the notions of culturally and linguistically appropriate services. So to actually—for an organization to adopt and begin implementing the CLAS standards is a big deal given the ideas behind the enhanced CLAS standards.

Dr. Margaret Hynes: I would just like to say that with the knowledge that the Commission will be undertaking CLAS standards training, we look very much forward to collaboration with the Commission and working side by side, sharing information resources in the coming year.

Marie Spivey: Thank you very much, both of you. Are there any questions? I just want to comment also. I noticed that the hospitals weren't included and that's okay because the hospitals, just a tidbit about what the hospitals are doing with the CLAS standards, they were introduced early on last year to all 28 hospitals and health systems

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in the state, the acute care. In addition to that, several of them have now begun using the CLAS standards as their foundation to be able to increase diversity in their governance boards and their senior management, working with supplier diversity folks, improving their cultural competence, education, and training, and their plans for how to become more culturally proficient organizations. So they are—many of them have now begun working with them, and that's what we're going to be working on this year, to make sure that all of them are using them and using them well, because the blueprint—as you know the blueprint is a great document to help people understand how to begin using them effectively.

In addition to that, in October we had Dr. Nadine Gracia, who is the director of the Office of Minority Health, at the Hospital Association to talk with all of our diversity collaborative teams and others about the CLAS standards. And she did a wonderful presentation on that, and I will send you—it may be on our website now. We've just completed a video in which she is speaking and others at our last diversity collaborative symposium.

So it's great to know that we're all working towards the same outcome, and that is to improve health outcomes for all of us in this state. But by using these standards it certainly is our belief at the Hospital Association and all of us here that we can do something about reducing and eliminating health disparities. So thank you very much.

Dr. Helen Newton: I would just like to add that I really liked the comment that the CLAS standards were intended to be used in its entirety. I think that that's very important, because what has happened in the past, as we know in hospitals, they have just used the cultural competency portion of the CLAS standards. So as a result it was something that had an impact on the physicians because it became part of the requirement for licensing for the state, but did not have as much impact on the institution itself. And so what I like about the adoption of the CLAS standard as the whole piece that it was intended to be is the impact, the intended impact to the entire institution, which will then impact the people who are receiving services.

But as you know, I'm very excited to hear this and to know this, because I think it's also important for the Commission to form partnerships and to have a partnership with a community-based

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organization, and surely someone who already has a relationship here with the Commission. So I'm hoping that we will be able to have further discussions about this as early as this week, or next week the latest, so that we can continue to move forward in this vein.

I did not mention earlier that—just a follow-up on the SIM initiative which we talked about at the last meeting, those people who were here. We had a public portion where we were able to _____ response to the initiative as it was sent out in draft form. And I just—in terms of the CLAS standard, we did write several pages. Part of the response that was given from the Commission which I wrote had to do with the CLAS standards, and I do want you to know that it has been incorporated for the new state plan.

So I look forward to meeting with you all again this week, or next week the latest. If we could work something out, that would be great. If anyone else has any other questions the floor is open?

S. Gafford-Alexander: Brad mentioned this in his discussion about his community involvement, and actually just listening to you, Helen, talk about training for staff and the implications for the institution, I think we need to be prepared to ask people to survey clients or service recipients just to make sure that whatever is happening makes a difference for them.

Dr. Helen Newton: Yes, that's a very important point. And one of the things that I like about the process—and we didn't really talk about that today because we really wanted the time to be with DPH and with the Connecticut Multicultural Affairs for today. But we will spend the next time that we meet laying out a proposed implementation for the CLAS standards across the agency and what that means in detail in stages, because we have stages and subcomponents to all of them, which we haven't had a chance to go through.

In addition to that, it points out the need and the importance of having what I call advanced CLAS training so that we're all on the same page, and for us to discuss with agencies implementation strategies in advance. And I think—and also to talk to agencies who have already been involved in the implementation. As you know, there's only been two states that have been involved in this process—we would be the third—and that's California, Maryland, and now Connecticut. So really we're making history.

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Brad Plebani:

On that note, I know, Sylvia, you and Glenn have done some of this in terms of forums where you talk to the people who experience health disparities. And I mentioned at our last meeting that my former office has a small grant from a foundation called the Jeffrey P. Austin Family Foundation to look at—to deal with health disparities around language in Willimantic among the Latino population. And so as I mentioned to you, we did a number of—ten listening sessions at various locations: migrant farms, outside of Willimantic Housing, so on and so forth. And it's very interesting to hear the fact, to learn the fact that people have no clue that they're entitled to interpreter services when they show up at the local hospitals, or even at—I mean, Arvind's not here, but Arvind knows even when they show up at Generations, and other places as well.

So I say that to support what Sylvia is saying, which is it's great to have the organizations themselves incorporate all these ideas and the methods and so on and so forth, but it's equally important for people to understand, at least with respect to language issues, what they are legally entitled to. And also to understand that if there are cultural issues that they notice—they, the people who are being served by these organizations—that they say something. There's something about empowering the clientele of these organizations that's a really important part of what needs to be done.

S. Gafford-Alexander: Right, and the hospitals know that they're mandated to ensure that people have those kinds of services. They're all—they're doing it in different ways in many hospitals. Some of them have—and I can't remember. I think it's Rocera that—one of the software pieces where individuals who go to the bedside and an individual is speaking in a different language, they are able to call trained personnel who have been trained in the hospital to either speak with them by phone or come to the bedside and talk with them and their families. But they're all doing this in different ways. This year, this is where the help and the real survey by the Hospital Association is going to ensure that this is going on and help them look for resources that they may be able to use in their own organizations differently.

Brad Plebani:

But I have to say, even though they have the means to do this, what we are learning is it's applied very unevenly, to the point where we have people tell us that the janitor in the hospital interpreted. And that's—for many reasons that's not acceptable.

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S. Gafford-Alexander: No, it's definitely not acceptable. It's not appropriate, and that's where we have to work with them to stop that kind of stuff. So when I say the training—and I think the Commission will be very helpful in that kind of training, and they're looking forward to it. We've had different organizations come in as part of a health disparities toolkit, if you will, that CAJ is developing to ensure that this kind of thing doesn't happen in the future. The Office of Civil Rights, the Joint Commission—all know that that is not an acceptable or an appropriate way to address cultural and linguistically appropriate services. So it's happening. It just—you know, it takes so much time, but to me, having worked on this for a whole lot of years, I think it's very exciting that now there are strings that can be pulled. There are things that can be done. And again it's by working with each other to make sure that this happens. And I think this is the year.

Dr. Helen Newton: And I really liked the points that were made, Brad, also. This is like cherry picking. If you look in the communications and language assistance one of the things that they talk about there was not using untrained people in hospitals to do interpretation. I can't even tell you the amount of lawsuits that have come about because of a family member—I'm talking with a family member, never mind a friend or someone else—who gave misinformation to both the physician and the patient resulting in inadequate treatment. So that's what I'm just saying, in favor of implementing everything across the board.

And again I think Sylvia's point is well-placed. Again, numbers 12 and 13 talk about community involvement across the board. So I'm really excited. I'm looking forward to where we go from here.

S. Gafford-Alexander: And one of the things that we did that Brad did not mention—because we on the Multicultural Health Partnership are very much aware of the social determinants of health. And the one that we don't talk about even on this Commission is the whole issue of bigotry and racism. So we went through three full days of racism training. We brought in an outside trainer so that those of us who make up the executive portion of the Multicultural Health Partnership—that we're in touch with how we feel about certain people and what we need to do to make sure that that doesn't have an impact on how we work with those people.

Jose Ortiz: One of the things when I was on the Commission before that I always advocated for is that people be—if you want to talk about

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cultural competency, you really should know what you're talking about. Oftentimes people advocate for cultural competency that don't have a clear picture of what that really means. When I was at DMHAS, we had a long-term training program that actually Sylvia participated in it and others. And I'm not an advocate of a quick fix, a two-hour and suddenly everybody knows all that they need to know, but that training at DMHAS started in 1998 I believe and it's still going on, and it goes from October to June. At the Hispanic Health Council we actually have a microcosm, if you will, of that long-term training. And we're working with the hospitals now, and the training—I actually sat in on the training and it's really a good training program and a way for people to get more involved and learn more about our cultural competency, diversity, and even there's a small piece on racism and stereotypes and so forth.

So I think one of the things that I said out loud here in the Commission is that I think every commissioner should really go to some form of training, to know more about what cultural competency actually is, even to define it. What does it really mean? So I really pushed for it.

It was mentioned—and one of the other pieces of history—you talked about repeating history. What happened last year is that I submitted legislation so that some of our folks that work with clients go through some kind of training in order to get their license. So we were able to _____ a family therapist, marriage and family therapist, license alcohol and drug counselor, social workers, and licensed professional counselors have to go through at least—I mean, it was hard to ask folks to go through months of training, but at least—I think the way that we—the language that we used was at least one hour. And that legislation, by the way—there's only five other states in the entire country that have legislation like that, but no other state—only Connecticut it covers not only those I just mentioned, but also the docs—psychiatrists and medical doctors.

And you should know that last year—while this legislation passed last year through the efforts of Senator Ayala, there was—some legislation was snuck in there where now the docs suddenly don't have to go through this training and they can go like every seven years, and they put in an amendment to change that. So one of the committees that I'd like to participate in would be the legislative

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committee. And right now I know that the dental community is going to go after language for cultural competence _____.

But that's important. And a byproduct of that is people say, "Oh, well, now I have to go to this training in order to get a license," so they sort of have to go through a training. And what that does is at least it—in many cases that I've looked at it, it really provokes the thinking if nothing else so people want to learn more, and so that's the idea. So I really will push hard here for training, ongoing training, and again it's not that we provide the training, but whoever provides it.

Marie Spivey: Thank you, Jose. And certainly we were very disappointed in what happen with the docs. To go from two years to six years doesn't make a whole lot of sense. So we'll work on that as a Commission and as other healthcare organizations as well, because today it's even more necessary. They should be going through this kind of training at least once a year as far as I'm concerned. But at any rate, thank you for reviewing that, Jose.

We were going to have another presentation by Colleen Gallagher but she had to leave. Is there any other business, any new business or anything else we should be talking about today?

S. Gafford-Alexander: I think at some point we might as a Commission—because we tend to think of health in terms of mental and physical, that we need to begin to help people to understand what social, economic, and all of the other kinds of—environmental and so on and so on—health, because they're covered under the standards. Dr. Gracia has said it as well as the other people at the Office of Minority Health. So I think the Commission needs to prepare itself to define health within those particular sectors so that people are able to understand them and apply them.

Marie Spivey: I agree with you, and certainly that's where the partnership with the Partnership comes into play, because the partnership is concentrating, as you mentioned before—Brad, when you left Sylvia talked about the social determinants of health, which was the other piece of what the partnership is embarking upon. So I think by small group meetings we can talk about some policies and procedures that we'd like to put forward on the social determinants, and how even the CLAS standards are going to be implemented and are being implemented. So that's a big thing. Thank you.

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Any other business? May I have a motion to adjourn? All right, I'll see on February 18th, and be safe today, everyone. Take care.

[End at 1:16:07]